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Re:	Application of: K. O'Rourke Serial No. 09/939,899 Art Unit: 2174		

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Attached is the following: Supplementary Appeal Brief Accompanying Request for Reinstatement of Appeal 31 pp

For Application No.: 09/939,899

Filing Date: August 27, 2001

First Named Inventor: K. O'Rourke

Group Art Unit: 2174

Attorney Docket: 2001P07802US01

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Before the Board of Patent Appeals and Interferences

Applicant : Kevin O'Rourke

Serial No. : 09/939, 899

Filed : August 27, 2001

For : A SYSTEM AND USER INTERFACE FOR PROCESSING AND NAVIGATING PATIENT RECORD INFORMATION

Examiner : Le V. Nguyen

Art Unit : 2174

SUPPLEMENTARY APPEAL BRIEF ACCOMPANYING REQUEST FOR REINSTATEMENT OF APPEAL

May It Please The Honorable Board:

This is a request to reinstate the Appeal in the above identified application including a supplementary Appeal Brief addressing the new references and arguments cited by the Examiner in a Final Office Action response dated October 7, 2005 to an Appeal Brief filed on July 5, 2005. The Appeal Brief was a response to a Final Rejection, dated February 9, 2005, of Claims 1 - 24 of the above-identified application. A response to the Final Rejection was filed on 22 February 2005 and an advisory action received on March 18 2005. Any fee associated with this supplementary Appeal Brief is to be charged to Deposit Account No. 19-2179. Enclosed is a single copy of this supplementary Appeal Brief.

Appellants do not request an oral hearing.

SUPPLEMENTARY ARGUMENTS

I. Official Notice Traversal of claims 15, 23 and 24

The Examiner erroneously alleges that official notice taken in the Final Rejection dated February 9, 2005 was not traversed. Contrary to the Examiners assertion, in the Appeal Brief filed on 5 July 2005 these claims were both traversed and a request was made for information supporting the Official Notice argument. For example, concerning claim 15 (and also claims 23 and 24) Applicant states "It is submitted that the elements of which the Rejection takes official notice, in the context of claim 15, are neither features of "wide notoriety", (In re Howard), nor capable of "instant and unquestionable demonstration" (In re Ahlert). On the contrary, these features are subject to the possibility of rational disagreement given the claim arrangements within which they reside. Consequently, Applicants take exception to instance of Official notice used in the rejection. Further, Applicants request that a showing be made of evidence that these features were well known, in the context of claim 15 at the time the invention was made". Therefore, the Official Notice taken with respect to claims 15, 23 and 24 was traversed. Further, as discussed later in connection with claims 15, 23 and 24, the material provided by the Examiner fails to indicate the features of these claims were of "wide notoriety", (In re Howard), nor capable of "instant and unquestionable demonstration" (In re Ahlert) or well known, in the context of their respective claims at the time the invention was made.

II. Rejection of Claims 6 and 23 under 35 U.S.C. 112, second paragraph

In the response after the Final office action filed on February 22, 2005, Claims 6 and 23 were formally amended to correct the minor formality discrepancies in these claims as fully discussed in the Appeal Brief. The Appeal Brief requests these amendments be entered as being formal in nature.

III. Rejection of Claims 1, 2, 5, 9, 13, 14, 16 and 18 under 35 U.S.C. 102(b) over Evans (U.S. Patent 5,924,074)

Reversal of the Final Rejection (hereinafter termed "rejection") of claims 1-2, 5, 9, 13-14, 16 and 18 under 35 U.S.C. 102(b) as being anticipated by US Patent 5,924,074 issued to Evans is respectfully requested because the rejection makes crucial errors in interpreting the cited reference. The rejections erroneously states that claims 1-2, 5, 9, 13-14, 16 and 18 are anticipated by Evans.

The arguments below address the Final Rejection of 7 October 2005 and are supplemental to the Appeal Brief filed in this case. The Arguments in the previous Appeal Brief are fully pertinent and are to be considered in conjunction with the following arguments.

CLAIMS 1, 8, 9

A principle issue here is whether Evans discloses a patient medical record "content index" that is "dynamically derived, by processing information comprising an existing particular patient record, in response to a user command from" a portable processing device as alleged in the Rejection (Rejection pages 3 and 17). Applicant respectfully submits that these features are not shown (or suggested) in Evans.

The rejection **erroneously** states on page 21 that Evans teaches "a patient record content index such as a list of patients is derived when needed" relying on Figure 3 specifically button 121 and column 5 lines 60-63. In so doing the Rejection **fundamentally misinterprets** the claim language and betrays a **misunderstanding** of the Application and Evans reference. The Rejection also **ignores** the plain English definition of "patient medical record content index" and express definition provided in the Specification. A patient record "**content index**" is NOT a "**list of patients**". The Application on page 9 lines 6-10 states "an advantage of the disclosed system is the ease of locating information in a patient record. This is facilitated by the dynamic generation by controller 15 in step 420 of a patient record content index. It is a hyperlinked content index to each of the major sections of a patient chart such as Chemistry, Hematology, Vital Signs etc. as exemplified in elements 911-929 of Figure 11". Thereby, the specification indicates a "content index" is a **linked** (e.g., hyperlinked) "**content index to each of the major sections of a patient chart**". It is NOT and cannot reasonably be interpreted to be a "list of patients" as stated in the

Rejection. This error is made in connection with all the Application claims. An Applicant is entitled to be his own lexicographer (Autogiro Co. of Am. V. United States, 384 F.2d 391, 397, 181 Ct. Cl. 55, 62 (Ct. Cl. 1967)). The Rejection ignores not only the meaning of "content index" as indicated in the specification but the plain English meaning of "content index". A patient record "content index" "serves to guide or point out" such as by a "pointer" the matter contained in a patient medical record, Webster's II New College Dictionary 1995 definition of "index" and "content". Therefore, under no reasonable interpretation can a "patient record content index" be interpreted to be a "list of patients" as stated in the Rejection on page 21. This error undermines remaining arguments made by the Examiner which are reliant on, and colored by, this **fundamental misinterpretation.**

Further, the Application gives a 35 USC 112 compliant enabling description of how such a "content index" may be generated on page 9 lines 10-22, specifically "as a new section of patient record data is retrieved from a record repository, a name of that section (e.g. Chemistry) is identified and stored in a memory buffer as an HTML hyperlink tag pointing to the report section it references" (Application page 9 lines. The server application derives content index information from collated patient record information by parsing the patient record information or by parsing ancillary data associated with the patient record information. This is done in order to identify distinct patient record information sections for listing in a content index page as URL links to patient record sections. The ancillary data comprises, for example, header data of the patient record information, descriptive data in a data field of acquired patient record information, identification data in a data field of acquired patient record information, and text data derived by parsing content of acquired patient record information". In contrast, Evans provides no 35 USC 112 compliant description of HOW such a patient record **"content index"** may be so "dynamically derived" or any description of such a feature at all. Contrary to the Rejection statement on page 22 line 1, Evans does not show or suggest a **"content index"** that is "dynamically derived, by processing information comprising an existing particular patient record, in response to a user command from" a portable processing device."

The rejection further states on page 22 lines 1-6 that Evans teaches links to patient record sections and states "a healthcare provider located in Boston may access the EMR system to retrieve a patient record residing on a server located in San Diego via a browser" relying on the Abstract, Figures 5-8, 19-22, column 9

lines 7-14 and column 13, lines 20-26. However, as explained in the Appeal Brief, Evans shows a **fixed, static** and **rigid** patient record structure and an associated compatible **fixed, rigid** user interface display image structure employed by portable devices. This is evident from Figures 5, 8 and 19 of Evans relied on in the Rejection (pages 3 and 17). These Figures show the same fixed patient record structure involving a rigid fixed tabbed UI structure comprising progress notes, laboratory, clinical data, encounter data, medication data history, problem list, patient data, practice guidelines and list all elements (see elements 193, 191, 154, 152 and 153 of Figure 5, for example). Evans does NOT show a patient medical record "content index" that is "dynamically derived, by processing information comprising an existing particular patient record, in response to a user command from" a portable processing device. Evans does not show (or suggest) or provide any 35 USC 112 compliant enabling description of a patient record "**content index**" that is "dynamically derived, by processing information comprising an **existing** particular patient record, in **response** to a user **command from**" a **portable** processing device to access said particular patient record". Consequently, withdrawal of the rejection of Claim 1 under 35 USC 102(b) is respectfully requested.

Dependent claim 9 is considered to be patentable for the reasons given in connection with claim 1.

CLAIM 2

Dependent claim 2 is considered to be patentable based on its dependence on claim 1. Therefore, the arguments presented above with respect to claim 1 also apply to claim 2. Claim 2 is also considered to be patentable because Evans neither discloses nor suggests "said processing of said information comprising said existing particular patient record is performed by one of, (a) an application located in a remote device and (b) an application in said portable processing device". Evans does not disclose or suggest "acquiring data representing a patient record **content index**" that is "dynamically derived" by "an application located in a remote device" or by an "application in said portable processing device" in "**response** to a user **command from** said **portable** processing device". Instead, Evans teaches that using a patient medical record data structure that is fixed "**upon creating of a patient record**" is advantageous. This structure is used by the point of care system and does not contemplate the claimed arrangement or recognize its advantages (Evans column 8 lines 29-34).

The sections of Evans relied on (Abstract, Column 2 lines 34-38, column 4 line 64 to column 5 line 8, column 7 lines 28-34 and column 13 lines 20-30) concern the Evans patient medical record data structure that is fixed "**upon creating of a patient record**". The relied on sections nowhere show or suggest "acquiring data representing a patient record **content index**" that is "dynamically derived, by processing information comprising an **existing** particular patient record, in **response** to a user **command from** said **portable** processing device to access said particular patient record". The absence from Evans of any mention of dynamic content index creation and any disclosure of a method of accomplishing such creation, together with the Evans teaching of use of a fixed configuration user interface image structure **incompatible** with dynamic content index creation corroborate that Evans simply did not contemplate such a feature or recognize any need for it.

CLAIM 5

Dependent claim 5 is considered to be patentable based on its dependence on claim 1. Therefore, the arguments presented above with respect to claim 1 also apply to claim 5. In addition, claim 5 is also considered to be patentable because Evans neither discloses nor suggests the feature combination of claim 1 together with "initiating display of an image including a plurality of links to a corresponding plurality of lists of patients, and wherein said step of initiating display of an image including a plurality of links to a corresponding plurality of individual patients is performed in response to user selection one of said plurality of links to a corresponding plurality of lists of patients". Column 5 lines 60-63 of Evans relied on in the Rejection on page 22 concerns Evans Figure 3 Chart puller (see column 5 line 57-63) that is used to obtain a chart for a patient from a single list of patients accessed via button 12 (a user "activates select button 121" to "obtain "**a list** of patients". The healthcare provider then scans **the list**"). The sections of Evans relied on do not show or suggest "initiating display of **an image** including a **plurality** of links to a corresponding **plurality of lists** of patients". The single list of Evans relied on does not show or suggest the claim 5 feature combination involving "initiating display of **an image** including a **plurality** of links to a corresponding **plurality of lists** of patients". This is not equivalent to the present claimed invention and thus Evans does not anticipate the present invention as claimed in claim 5.

CLAIMS 13 and 14

Independent claim 13 is considered to be patentable for reasons given in connection with claim 1. Therefore, the arguments presented above with respect to claim 1 also apply to claim 13. Specifically, Evans neither discloses nor suggests a patient medical record "content index" that "using data derived, by dynamically processing information comprising an existing patient record, in response to a user command from" a portable processing device. The sections of Evans in columns 2, 5, 7, 9 and 13 and Figures 5-8, 12 and 19-22 relied on in the rejection on pages 6 and 22 do not show or suggest such a "dynamically" derived "patient medical record content index" for the reasons given in connection with claim 1. Consequently, Evans fails to show or suggest a "dynamically" derived "content index image" that enables "display of an image including a recorded patient medical parameter value and an associated medical parameter label comprising an item of patient record information in response to user selection of a link" to one of the "plurality of items of patient record information" in the "dynamically" derived "**content index** image".

Similarly, Evans in Figure 7 and column 7 lines 52-64 relied on in the Rejection on page 6 does NOT show or suggest "initiating display of at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter in response to user selection" of a "**medical parameter label**" in a "dynamically" derived "**content index** image", as in the present claimed invention. As previously explained, Evans in column in columns 2, 5, 7, 9 and 13 and Figures 5-8, 12 and 19-22 relied on in the rejection nowhere show or suggests such a "dynamically" derived "**content index** image" used to select and initiate "display of at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter in response to user selection". Figure 7 is a form enabling a user to add annotations concerning patient test results (Evans column 7 lines 17-20). The parameters and labels in Figure 7 comprise blood test results. Further, column 7 lines 52-64 relied on in the Rejection on page 6 line 14 concerns Figures 4 and 10 NOT Figure 7 as stated in the Rejection and has no relevance to the claimed feature discussed. The test result annotation form of Evans Figure 7 is selected upon user selection of annotate button 159 in Figure 5 (Evans column 7 lines 8-10). Figure 5 is a patient chart window and does not comprise or suggest a "dynamically" derived "**content index** image". Rather the Figure 5 patient chart window comprises a predetermined fixed "tabbed layout to organize patient data" including fixed sections "for patient data 151, clinical data 152, encounter data 153 and progress notes 154" (Evans column 6 lines 40-47 and Figure 5). This Evans chart

is reliant on a fixed patient record repository structure derived **"upon creation of a patient record**, the patient locator 200 **creates a patient data structure** 210 having the PID and the patient's name" and which "maintains pointers to a clinical data structure 212, a progress note structure 213 and an encounter data structure 214. These data structures include patient data captured by the clinical data capture 142, progress notes 144 and encounter data capture 146, respectively" (Evans column 8 lines 29-34). Consequently, the Evans system involves a patient medical record data structure that is fixed **"upon creation of a patient record"** used by the point of care system in data capture and annotation activity. The Evans system does NOT suggest "acquiring data representing a patient record **content index**" that is "dynamically derived, by processing information comprising an **existing** particular patient record, in **response** to a user **command from** said **portable** processing device to access said particular patient record" as in the present claimed invention.

Dependent claim 14 is considered to be patentable for the reasons given in connection with claim 13. In view of the above remarks, it is respectfully submitted that claims 13 and 14 of the present invention are not anticipated by Evans for the reasons discussed above.

CLAIM 16

Dependent claim 16 is considered to be patentable based on its dependence on claim 13 for the reasons previously discussed in the Appeal brief and in connection with claim 1 herein.

CLAIM 18

Independent claim 18 is considered to be patentable based for the reasons previously discussed in the Appeal brief and in connection with claim 1 herein.

Rejection of Claims 3, 4, 10, 11, 19 and 21 under 35 USC 103(a) over Evans (U.S. 5,924,074) in view of Blewett et al. (U.S. 6,327,589).

Claims 3, 4, 10, 11, 19 and 21 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent 5,924,074 – Evans in view of U.S. Patent 6,327,589 – Blewett. These claims, as amended, are considered patentable for reasons given in connection with claim 1 and for the following reasons.

In rejecting claims under 35 U.S.C. § 103, it is incumbent upon the examiner to establish a factual basis to support the legal conclusion of obviousness. *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596, 1598 (Fed.Cir. 1988). In so doing, the Examiner is expected to make the factual determinations set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 17, 148 USPQ 459, 467 (CCPA 1966), and to provide a reason why one having ordinary skill in the pertinent art would have been led to modify the prior art or to combine prior art references to arrive at the claimed invention. Such reason must stem from some teaching, suggestion, or implication in the prior art as a whole or knowledge generally available to one having ordinary skill in the art. *Uniroyal, Inc. v. Rudkin-Wiley Corp.*, 837 F.2d 1044, 1051, 5 USPQ2d 1434, 1438 (Fed.Cir. 1988), *cert. denied*, 488 U.S. 825 (1988); *Ashland Oil Inc. v. Delta Resins & Refractories, Inc.*, 776 F.2d 28, 293, 227 USPQ 657, 664 (Fed.Cir. 1985), *cert. denied*, 475 U.S. 1017 (1986); *ACS Hosp. Sys., Inc. v. Montefiore Hosp.*, 732 F.2d 1572, 1577, 221 USPQ 929, 933 (Fed.Cir. 1984). These showings by the Examiner are an essential part of complying with the burden of presenting a *prima facie* case of obviousness. *In re Oetiker*, 977 F.2d 1443, 1445, 24 USPQ2d 1443, 1444 (Fed.Cir. 1992).

CLAIM 3

Dependent claim 3 is considered to be patentable based on its dependence on claim 1. Therefore, the arguments presented above with respect to claim 1 also apply to claim 3. Specifically, Evans neither discloses nor suggests a patient medical record "content index" that is "dynamically derived, by processing information comprising an existing particular patient record, in response to a user command from" a portable processing device. Rather Evans shows a fixed, static and rigid patient record structure and an associated compatible fixed, rigid user interface display image structure employed by portable devices. Nowhere does Evan (with Blewett) mention a dynamic content index creation, nor does Evans (with Blewett) disclose a method of accomplishing such creation. This, in combination with the Evans teaching of use of a fixed configuration user interface image structure incompatible with dynamic content index creation, corroborate that Evans simply did not contemplate such a feature or recognize any need for it.

In addition, claim 3 is also considered patentable because claim 3 recites a method in which "said processing of said information comprising said existing particular patient record includes the activity of deriving content index information from patient record information by parsing patient record information ancillary data

to identify distinct patient record information sections". These features, in combination with the features of claim 1, are not shown or suggested in Evans in combination with Blewett.

The system of Claim 3 involves "processing" an "existing particular patient record" to provide a "content index" by "deriving content index information from patient record information by parsing patient record information ancillary data to identify distinct patient record information sections". Neither Evans nor Blewett, individually or together, suggest such features. Neither Blewett nor Evans, alone or together, suggests performing such functions in "response to a user command from said portable processing device to access said particular patient record". As recognized in the Rejection on page 6, Evans neither discloses nor suggests "deriving content index information from patient record information by **parsing** patient record information **ancillary data** to identify **distinct** patient record information **sections**". Further, contrary to the Rejection statement on page 7, Blewett, does NOT teach a system involving "deriving content index information from patient record information by **parsing** patient record information **ancillary data** to identify **distinct** patient record information **sections**".

The Rejection relies on the Abstract of Blewett that merely discusses parsing of an HTML file for tags ("a compressed HTML file or a webpage" file "is parsed to retrieve data associated with title tags and body tags"- Abstract). Blewett does NOT teach a system involving "parsing patient record information ancillary data to identify distinct patient record information sections". Parsing of an HTML file for tags does not show or suggest "parsing patient record information ancillary data to identify distinct patient record information sections". Further, Blewett concerns search engine technology, specifically a system for searching files for topics where a file format is unsupported by the search engine. This art is non-analogous art and one of ordinary skill in the art in medical information processing would not look to such a search engine technology reference to derive a system for processing patient records. There is no suggestion in Evans with Blewett of searching for "patient record information ancillary data" to identify "distinct patient record information sections" at all or any 35 USC 112 compliant teaching of HOW such a search is to be performed.

The combination of the Blewett features and Evans system as suggested in the Rejection results in a system in which a patient medical record data structure that is

fixed "upon creation of a patient record" is searched for "HTML tags". Such a system does NOT search "patient record information ancillary data" to identify **"distinct** patient record information **sections"** and has no need to, since the patient medical record data structure is fixed **"upon creation of a patient record"** and known. Further, there is no other problem recognition, reason or other motivation for combining the cited references to provide the claimed arrangement. Consequently withdrawal of the Rejection of Claim 3 under 35 USC 103(a) is respectfully requested.

CLAIM 4

Dependent claim 4 is considered to be patentable based on its dependence on claims 1 and 3. Therefore, the arguments presented above with respect to claims 1 and 3 also apply to claim 4. Claim 4 is also considered to be patentable because Evans with Blewett neither disclose nor suggest "parsing" at "least one of, (a) header data of said acquired patient record information, (b) descriptive data in a data field of said acquired patient record information, (c) identification data in a data field of said acquired patient record information, and (d) text data derived by parsing content of said acquired patient record information". Blewett teaches parsing HTML files to find tags indicating to identify "title" and "body" tags (Blewett column 2 lines 53-56). This will not work with patient records which may not comprise HTML files and for which there are no tags identifying specific patient record sections. Consequently, the Evans with Blewett system is inoperable and would not locate or identify **"distinct** patient record information **sections"**. Thus, withdrawal of the Rejection of Claim 4 under 35 USC 103(a) is respectfully requested.

CLAIM 10

Independent claim 10 is considered to be patentable for reasons similar to those given in support of claims 1 and 3.

The method of claim 10 involves "dynamically generating a patient record content index by deriving content information from ancillary data associated with said acquired patient record information in response to a user command from said portable processing device to access said particular patient record." Neither Evans nor Blewett, individually or together, suggest such features. Neither Blewett nor Evans, alone or together, disclose dynamic generation of a patient record content index let alone through a user command causing content information to be derived

from ancillary data associated with the acquired patient record information. Blewett also does NOT teach a method involving "dynamically generating a patient record content index by deriving content information from ancillary data associated with said acquired patient record information in response to a user command from said portable processing device to access said particular patient record."

There is no suggestion in Evans with Blewett of searching for "patient record information ancillary data" to "dynamically generate a patient record content index." The combination of the Blewett features and Evans system as suggested in the Rejection results in a system in which a patient medical record data structure that is fixed "upon creation of a patient record" is searched for "HTML tags". Such a system does NOT search "patient record information ancillary data" to "dynamically generate a patient record content index" and as discussed in connection with claim 4 would fail to identify patient records sections. Further, there is no other problem recognition, reason or other motivation for combining the cited references to provide the claimed arrangement. Consequently withdrawal of the Rejection of Claim 10 under 35 USC 103(a) is respectfully requested.

CLAIM 11

Dependent claim 11 is considered to be patentable based on its dependence on claim 10. Therefore, the arguments presented above with respect to claim 10 also apply to claim 11. Claim 11 is also considered to be patentable because Evans with Blewett neither disclose nor suggest the feature combination of claim 11 in which "said user command from said portable processing device to access said particular patient record comprises user selection of a link to a particular patient". Evans Abstract, column 2 lines 34-38, column 9 lines 9-14, column 13 lines 20-30, column 15 lines 22-32 relied on in the rejection do not show or suggest "**dynamically generating** a patient record **content index** by deriving content information from ancillary data associated with said acquired patient record information in response to a user command from said portable processing device to access said particular patient record" comprising "user selection of a link to a particular patient". Evans with Blewett fails to show or suggest "**dynamically generating** a patient record **content index**" at all for reasons given in connection with claim 1 and other claims.

CLAIMS 19 and 21

Independent claim 19 is considered to be patentable because Evans with Blewett neither discloses nor suggests a patient medical record "deriving content index information from information in an existing patient record by parsing patient record information ancillary data to identify distinct patient record information sections in response to a user" as in the present claimed invention. These features are not shown or suggested in Evans in combination with Blewett.

The system of Claim 19 involves "processing" an "existing particular patient record" to provide a "content index" by "deriving content index information from patient record information by parsing patient record information ancillary data to identify distinct patient record information sections". Neither Evans nor Blewett, individually or together, suggest such features. Neither Blewett nor Evans, alone or together, suggests performing such functions in "response to a user command from said portable processing device to access said particular patient record". Evans neither discloses nor suggests "deriving content index information from patient record information by **parsing** patient record information **ancillary data** to identify **distinct** patient record information **sections**". Contrary to the Rejection statement on page 9, Blewett, does NOT teach a system involving "deriving content index information from patient record information by **parsing** patient record information **ancillary data** to identify **distinct** patient record information **sections**".

There is no suggestion in Evans with Blewett of "deriving content index information from patient record information by parsing patient record information ancillary data." The combination of the Blewett features and Evans system as suggested in the Rejection results in a system in which a patient medical record data structure that is fixed "upon creation of a patient record" is searched for "data references by searching it for text corresponding to a hypertext link of a multimedia data request" or "key words or key phrases." Such a system does NOT derive "content index information from patient record information by parsing patient record information ancillary data" as in the present claimed invention. Further, there is no other problem recognition, reason or motivation for combining the cited references to provide the claimed arrangement.

Dependent claim 21 is considered to be patentable based on its dependence on claim 19 for the reasons given in connection with claims 1 and 4 and other claims.

Consequently withdrawal of the Rejection of claims 3-4, 10, 11, 19 and 21 under 35 USC 103(a) is respectfully requested.

Rejection of Claims 6 and 22 under 35 USC 103(a) over Evans (U.S. 5,924,074) in view of Myers et al. (U.S. 5,832,450).

CLAIM 6

Dependent claim 6 is considered to be patentable for reasons given in connection with claim 1 and because of its dependence on claim 1. Therefore, the arguments presented above with respect to claim 1 also apply to claim 6. In addition, claim 6 is also considered to be patentable because Evans with Myers neither disclose nor suggest "initiating display of said patient record **content index** image including a plurality of links to a corresponding plurality of items of patient record information and a plurality of image icons for display in a plurality of images, said image icon supporting at least one of, (a) initiating display of said image including links to a plurality of lists of patients, (b) initiating display of said image including a plurality of links to a corresponding plurality of individual patients, and (c) initiating display of medical record information for a next patient". Evans with Myers teaches the advantage of using a patient medical record data structure that is fixed **"upon creation of a patient record"** used by the point of care system and does not contemplate such a feature combination or its advantages (see Evans column 8 lines 29-34).

Myers Figures 2a and 2b relied on in the Rejection on page 12 are NOT "context index" images comprising a linked (e.g., hyperlinked) "content index to each of the major sections of a patient chart". Rather Figures 2a and 2b comprise "an interface" used "for processing patient information" that also acts as a "gateway through which providers gain access to collections of individual patient medical records (Myers column 4 lines 17-21). The Figure 2a and 2b images do NOT provide a "content index to each of the major sections of a patient chart" and are not a patient record "content index". Consequently, Myers with Evans fails to show or suggest "initiating display of said patient record **content index** image including a plurality of links to a corresponding plurality of items of patient record information and a plurality of image icons for display in a plurality of images, said image icon supporting at least one of, (a) initiating display of said image including links to a plurality of lists of patients, (b) initiating display of said image including a plurality

of links to a corresponding plurality of individual patients, and (c) initiating display of medical record information for a next patient".

Further, Myers is concerned with "electronic medical record systems, and more particularly to an electronic medical record system using a text database to store medical encounter information" (Myers column 1 lines 15-18). Myers does not mention or contemplate portable devices accessing patient medical records and does not recognize the problems involved in such access. Neither reference individually or in combination shows or suggests dynamically deriving a "patient record content index" for display in an image **together with** a "plurality of links to a corresponding plurality of items of patient record information and a plurality of image icons for display in a plurality of images, said image icon supporting at least one of, (a) initiating display of said image including links to a plurality of lists of patients, (b) initiating display of said image including a plurality of links to a corresponding plurality of individual patients, and (c) initiating display of medical record information for a next patient". There is no recognition in Evans or Myers alone or together of the advantages supported by the dynamic "content index" generation in being able to specifically "access a desired portion of a patient record without having to download and navigate through an entire record which is often large (particularly for a patient with extensive medical history) and cumbersome and a substantial burden for a portable device in view of storage, power and processing constraints (Application page 2 lines 3-7, page 9 lines 6-13). There is also no other reason or motivation in Evans or Myers for combining the Evans and Myers systems to incorporate the claimed features. Therefore, withdrawal of the rejection of claim 6 under 35 USC 103(a) is respectfully requested.

Rejection of Claim 12 under 35 USC 103(a) over Evans (U.S. 5,924,074) in view of De la Huerga et al. (U.S. 5,903,889) and further in view of Screen Dumps of Internet Explorer ("IE").

CLAIM 12

Dependent claim 12 is considered to be patentable based on its dependence on claim 10 and for the reasons given in connection with claims 1, 6, 10 and 22 and other claims. Therefore, the arguments presented above with respect to claims 1, 6, 10 and 22 also apply to claim 12. Claim 12 is also considered to be patentable because neither Evans nor De la Huerga nor IE, alone or together suggest

"dynamically generating a patient record content index by deriving content information from ancillary data associated with said acquired patient record information in response to a user command from said portable processing device to access said particular patient record". Evans with De la Huerga as recognized in the Rejection on page 14, does not suggest such a feature. However, contrary to the Rejection statements on pages 13-14, Evans with De la Huerga and with IE does not mention or suggest "initiating display of an image including information comprising an item of patient medical information in response to user selection of a link to one of said plurality of items of patient medical record information" in a **"dynamically"** generated "patient record **content index**". The combined references further fail to show or suggest such a feature in combination with the feature of making an acquired "item of said patient medical record information" available "for access on said **portable** processing device when said portable processing device is **offline**". This combination of features is nowhere shown or suggested in the combined references.

Incorporating the offline web page viewing capability of an Internet Explorer browser into the system of Evans with De la Huerga merely provides a system for accessing a fixed medical record structure patient medical record using key words or phrases from a portable device and provides offline access to an individual web page. The combined system does NOT show or suggest dynamic "content index" creation in response to user command from a portable processing device. The combined system also fails to show or suggest this feature in combination with the capability of providing offline access to patient medical record sections that are substantially larger than a web page. There is also no reason or motivation in Evans with De la Huerga or IE for combining the Evans, De la Huerga and IE systems to incorporate the claimed features. The Examiner has also failed to provide any documentary date evidence of the Internet Explorer offline function indicating may be considered to be prior art. Consequently withdrawal of the Rejection of claim 12 under 35 USC 103(a) is respectfully requested.

Dependent claim 12 is considered to be patentable for reasons given in connection with claims 1, 6 and 22. Therefore, the arguments presented above with respect to claims 1, 6 and 22 also apply to claim 12. Consequently withdrawal of the Rejection of claim 12 under 35 USC 103(a) is respectfully requested.

Rejection of Claim 15 under 35 USC 103(a) over

Evans (U.S. 5,924,074) in view of Bessette (U.S. 6,263,330) and further in view of Internet Explorer (IE).

CLAIM 15

Dependent claim 15 is considered to be patentable based on its dependence on Claim 13. Therefore, the argument presented above with respect to claim 13 also apply to claim 15.

Dependent claim 15 recites "said medical parameter label is a URL link stored in said portable processing device, and said at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter, is acquired and displayed using said medical parameter label URL". These features in combination with the features of claim 13 are not shown or suggested in Evans in combination with Bessette with IE.

The system of Claim 15 involves "initiating display of an image including a recorded patient medical parameter value and an associated medical parameter label" in "response to user selection of a link to one of said plurality of items of patient record information" in the "dynamically" generated "**content index** image". Further, the "medical parameter label is a URL link stored in said portable processing device, and said at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter, is acquired and displayed using said medical parameter label URL". Evans with Bessette and IE, individually or together, fail to show or suggest such features. Evans as recognized in the Rejection on page 14 does not suggest use of a "medical parameter label" comprising a "URL link" and states that this feature is indicated in Bessette (with IE and Evans). However, Evans with Bessette and IE do not show or suggest "initiating display of an image including" said "medical parameter label" comprising "a URL link **stored** in said **portable processing** device" in "response to user selection of a link to one of said plurality of items of patient record information" in the "dynamically" generated "**content index** image".

The Rejection on page 14 recognizes Evans fails to disclose a medical parameter may be a URL link but erroneously states Bessette in column 12 lines 18-66 shows such a feature. Contrary to the Rejection statement, Bessette in column 12 lines 18-66 discusses pointers to documents (not individual medical parameters) from

a workstation (not a portable processing device). Bessette discusses a portable memory e.g. a medical smart card (column 4 line 63) but does not contemplate use of (or provide 35 USC 112 compliant enabling disclosure of) a portable processing device for accessing individual patient medical parameters using a "dynamically" generated "content index". IE relied on in the Rejection merely shows URLs may be used to access web pages and does not teach use of URL links to individual medical parameters of a patient contrary to the Rejection statement on page 15. As evidence supporting the Examiner's Official Notice, the reference sections relied on are NOT indicative of facts of "wide notoriety", In re Howard, 394 F. 2d 869, 157 USPQ 615, 616 (CCPA 1968) e.g. a fact commonly known to laymen everywhere, 29 AM. Jur 2D Evidence S. 33 (1994) or of a fact that is capable of "instant and unquestionable demonstration", In re Ahlert 424 F. 2d 1088, 1091, 165 USPQ 418, 420 (CCPA 1970).

Further, Bessette like Evans also fails to recognize the problems in storage, power and processing limitations associated with portable processing device access to patient medical data addressed by the claimed arrangement. The combined references further fail to provide any other motivation or reason for combining their disparate systems. The combined arrangement provides a system for accessing documents of a fixed structure patient medical record via URLs from fixed location workstations and fails to provide or suggest the claimed arrangement. Consequently withdrawal of the Rejection of claim 15 under 35 USC 103(a) is respectfully requested.

Rejection of Claim 17 under 35 USC 103(a) over Evans (U.S. 5,924,074) in view of De la Huerga et al. (U.S. 5,903,889).

CLAIM 17

Claim 17 is considered patentable based on its dependence on claim 13. Therefore, the arguments presented above with respect to claim 13 also apply to claim 17. Specifically, Evans neither discloses nor suggests a patient medical record "content index image using data derived, by dynamically processing information comprising an existing particular patient record, in response to a user command from" a portable processing device. Rather Evans shows a fixed, static and rigid patient record structure and an associated compatible fixed, rigid user interface display image structure employed by portable devices. Nowhere does Evan (with De la Huerga) mention a dynamic content index creation, nor does Evans (with De la Huerga)

disclose a method of accomplishing such creation. This, in combination with the Evans teaching of use of a fixed configuration user interface image structure incompatible with dynamic content index creation, corroborate that Evans simply did not contemplate such a feature or recognize any need for it.

In addition, claim 17 is also considered patentable because claim 13 recites a method in which "said processing of said information comprising said existing particular patient record include[es] the activity of...deriving content index information from ancillary data associated with acquired patient record information sections". These features, in combination with the features of claim 13, are not shown or suggested in Evans in combination with De la Huerga. Column 17 lines 13-15 of de la Huerga relied on in the Rejection on page 16 line 3 merely states "said address is created by using information determined by parsing said reference to said first record". An address is not a "content index". The Rejection on page 21 first erroneously interprets a "content index" as a "list of patients" in connection with claim 1 and now in connection with claim 17 interprets a "content index" to be an "address". The Rejection is not only making erroneous interpretations of claim terms but is using inconsistent erroneous interpretations.

The combination of the De la Huerga features and Evans system as suggested in the Rejection results in a system in which a patient medical record data structure that is fixed "upon creation of a patient record" is searched for "data references by searching it for text corresponding to a hypertext link or a multimedia data request" or "key words or key phrases". Such a system does NOT derive "content information from ancillary data associated with acquired patient record information" and has no need for a feature such as this due to the patient medical record data structure in the De la Huerga and Evans systems being fixed "**upon creation of a patient record**" and known. Further, there is no other problem recognition, reason or other motivation for combining the cited references to provide the claimed arrangement. Consequently withdrawal of the Rejection of Claim 17 under 35 USC 103(a) is respectfully requested.

Rejection of Claim 20 under 35 USC 103(a) over Evans (U.S. 5,924,074) in view of De la Huerga (U.S. 5,903,889) as applied to claim 19 and further in view of Bessette (U.S. 6,263,330).

This claim is considered to be patentable based on its dependence on claim 19 and for reasons given in connection with previous claims and for the following reasons.

Dependent claim 20 recites "said communicated patient record information includes a medical parameter and including the activity of, communicating to said portable processing device at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter in response to receiving a message addressed to a URL associated with a medical parameter label". These features in combination with the features of claim 19 are not shown or suggested in Evans in combination with De la Huerga and Bessette.

The system of Claim 20 recites "communicating to said portable processing device patient record information including said patient record content index data in response to a request for said patient record information from said portable processing device". Further, the "communicated patient record information includes a medical parameter" and the system involves "communicating to said portable processing device at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter in response to receiving a message addressed to a URL associated with a medical parameter label". Evans, De la Huerga and Bessette, individually or together, fail to suggest such features. Evans as recognized in the Rejection on page 10 does not suggest use of a "medical parameter label" comprising a "URL link" and states that this feature is indicated in Bessette (with Evans and De la Huerga). However, neither Evans nor Bessette with De la Huerga show or suggest "**communicating** to said portable processing device at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter in **response** to **receiving** a message **addressed to a URL** associated with a medical parameter label" in combination with the other claimed features.

The Rejection on page 16 recognizes Evans fails to disclose a medical parameter may be a URL link but erroneously states Bessette in column 12 lines 18-66 shows such a feature. Contrary to the Rejection statement, Bessette in column 12 lines 18-66 discusses pointers to documents (not individual medical parameters) accessed from a workstation (not a portable processing device). Bessette discusses a

portable **memory** e.g. a medical smart card (column 4 line 63) but does not contemplate use of (or provide 35 USC 112 compliant enabling disclosure of) a portable **processing device** for accessing individual patient medical parameters using a "dynamically" generated "content index". Further neither reference shows any specific problem recognition, motivation, or other reason for incorporating the claimed feature arrangement. Consequently withdrawal of the Rejection of claim 20 under 35 USC 103(a) is respectfully requested.

Rejection of Claims 22 and 23 under 35 USC 102(b) as anticipated by Evans (U.S. 5,924,074) and under 35 USC 103(a) over Evans (U.S. 5,924,074) in view of Internet Explorer (IE).

CLAIMS 22 and 23

These claims are deemed to be patentable based on their dependence on claim 1 for the reasons given in connection with claims 1 and other claims. These claims are also considered to be patentable for the reasons given below.

CLAIM 22

Dependent claim 22 is considered to be patentable based on its dependence on claim 1 and for the reasons given in connection with claims 1 and 6 and other claims. Therefore, the arguments presented above with respect to claims 1 and 6 also apply to claim 22. Claim 22 is also considered to be patentable because neither Evans nor IE alone or together show or suggest "acquiring data representing said portion of said patient record in response to user selection" of a "link" to "patient record information" in a "dynamically" generated "content index". Neither Evans nor IE alone or together show or suggest this feature in combination with making available a "portion of said patient record" for "access on said portable processing device when said portable processing device is offline".

Evans, as recognized in the Rejection on page 11, does not suggest such a feature. Additionally, contrary to the Rejection statements on page 18, incorporating the offline web page viewing capability of an Internet Explorer browser into the system of Evans merely provides a system for accessing a fixed medical record structure patient medical record from a portable device and providing offline access to an individual web page. The combined system does NOT show or suggest "acquiring data representing said portion of said patient record in response to user

selection" of a "link" to "patient record information" in a "dynamically" generated "content index" for "access on said portable processing device when said portable processing device is offline". The combined system also fails to show or suggest this feature in combination with the capability of providing offline access to patient medical record sections that are substantially larger than a web page. There is also no reason or motivation in Evans or IE for combining the Evans and IE systems to incorporate the claimed features. The Examiner has also failed to provide any documentary date evidence of the Internet Explorer offline function indicating it may be considered to be prior art. Consequently withdrawal of the Rejection of claim 22 under 35 USC 103(a) is respectfully requested.

Dependent claim 23 is considered to be patentable based on its dependence on claim 1 and for the reasons given in connection with previous claims. Therefore, the arguments presented above with respect to claim 1 also apply to claim 23. Claim 23 is also considered to be patentable because neither Evans nor IE alone or together show or suggest "dynamically" deriving a "patient record **content index**" by "processing information comprising an existing particular patient record" in response "to **download** of **particular patient record** information to said portable processing device and storage of said particular patient record information in said portable processing device". Neither Evans nor IE alone or together show or suggest such features. Contrary to the Rejection statement on page 19, Evans in Figure 8, column 7 lines 28-34, column 9 lines 10-18, column 5 lines 3-4 and IE have negligible bearing on the claimed features. Applicant is unclear as to why "information" transfer by "LAN/WAN connection" and "storing such in cache memory" (Rejection page 19 lines 12-14) has any relevance to "dynamically" deriving a "patient record **content index**" by "processing information comprising an existing particular patient record" in response "to **download** of **particular patient record** information to said portable processing device". The Rejection statement that IE teaches storage of information in a portable processing device also has no apparent relevance to the claimed features. Applicant requests clarification of the reasoning applied here.

The above discussion indicates that as evidence supporting the Examiner's Official Notice, IE (with Evans) is wholly inadequate and certainly NOT indicative of a fact of "wide notoriety", In re Howard, 394 F. 2d 869, 157 USPQ 615, 616 (CCPA

1968) e.g. a fact commonly known to laymen everywhere, 29 AM. Jur 2D Evidence S. 33 (1994) or of a fact that is capable of "instant and unquestionable demonstration", In re Ahlert 424 F. 2d 1088, 1091, 165 USPQ 418, 420 (CCPA 1970).

Rejection of Claim 24 under 35 USC 103(a) over Evans (U.S. 5,924,074) in view of Internet Explorer (IE).

CLAIM 24

These claims are deemed to be patentable based on their dependence on claim 1 for the reasons given in connection with claims 1 and other claims. These claims are also considered to be patentable for the reasons given below.

CLAIM 24

Dependent claim 24 is considered to be patentable based on its dependence on claim 1 and for the reasons given in connection with other claims. Therefore, the arguments presented above with respect to claim 1 also apply to claim 24. Claim 24 is also considered to be patentable because neither Evans nor IE alone or together show or suggest "acquiring data representing said plurality of links to said corresponding plurality of items of patient record information" for display in a "dynamically" generated "content index". The combined references further fail to show or suggest such a feature in combination with "storing said data representing said plurality of links in said portable processing device".

The Rejection on page 20 recognizes that Evans does not suggest URL link storage on a portable processing device in the claim context. However, contrary to the Rejection statements on page 19, IE with Evans does not show or suggest "storing" acquired data "representing said plurality of links in said portable processing device" for display in a "dynamically" generated "content index". IE (with Evans) merely shows storage of URL links to web pages in a laptop, for example. This does not show or suggest "storing" acquired data "representing" a "plurality of links" to "patient record information" in a "portable processing device" for display in a "dynamically" generated "content index". A link to a web page has negligible relation to "acquiring" data "representing" a "plurality of links" to "patient record information" in a "portable processing device" for display in a "dynamically" generated "content index".

The above discussion indicates that as evidence supporting the Examiner's Official Notice, IE (with Evans) is wholly inadequate and certainly NOT indicative of a fact of "wide notoriety", In re Howard, 394 F. 2d 869, 157 USPQ 615, 616 (CCPA 1968) e.g. a fact commonly known to laymen everywhere, 29 AM. Jur 2D Evidence S. 33 (1994) or of a fact that is capable of "instant and unquestionable demonstration", In re Ahlert 424 F. 2d 1088, 1091, 165 USPQ 418, 420 (CCPA 1970).

In view of the above amendments and remarks, Applicants submit that the Application is in condition for allowance, and favorable reconsideration is requested.

Accordingly it is respectfully submitted that the rejection of Claims 1– 24 should be reversed.

Respectfully submitted,
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APPENDIX I - APPEALED CLAIMS

1. (Previously Presented) A method for providing a user interface for use by a portable processing device for accessing and navigating patient record information, comprising the activities of:

receiving user identification information for use in authorizing user operation of said portable processing device;

initiating display of an image including a plurality of links to a corresponding plurality of individual patients;

acquiring data representing a patient record content index, said content index representative acquired data being dynamically derived, by processing information comprising an existing particular patient record, in response to a user command from said portable processing device to access said particular patient record;

initiating display of a patient record content index including a plurality of links to a corresponding plurality of items of patient record information image using said acquired data in response to user selection of a link to one of said plurality of individual patients; and

initiating display of an image including information comprising a portion of a patient record in response to user selection of a link to one of said plurality of items of patient record information.

2. (Previously Presented) A method according to claim 1, wherein,

said processing of said information comprising said existing particular patient record is performed by one of, (a) an application located in a remote device and (b) an application in said portable processing device.

3. (Previously Presented) A method according to claim 2, wherein

said processing of said information comprising said existing particular patient record includes the activity of

deriving content index information from patient record information by parsing patient record information ancillary data to identify distinct patient record information sections.

4. (Original) A method according to claim 3, wherein

said ancillary data comprises at least one of, (a) header data of said acquired patient record information, (b) descriptive data in a data field of said acquired patient record information, (c) identification data in a data field of said acquired patient record information, and (d) text data derived by parsing content of said acquired patient record information.

5. (Previously Presented) A method according to claim 1, including the activity of,

initiating display of an image including a plurality of links to a corresponding plurality of lists of patients, and wherein said step of initiating display of an image including a plurality of links to a corresponding plurality of individual patients is performed in response to user selection one of said plurality of links to a corresponding plurality of lists of patients.

6. (Previously Presented) A method according to claim 1, including the activity of,

initiating display of said patient record content index image including a plurality of links to a corresponding plurality of items of patient record information and a plurality of image icons for display in a plurality of images, said image icon supporting at least one of, (a) initiating display of said image including links to a plurality of lists of patients, (b) initiating display of said image including a plurality of links to a corresponding plurality of individual patients, and (c) initiating display of medical record information for a next patient.

7. (Previously Presented) A method according to claim 1, including the activity of,

maintaining a row element stationary upon horizontally scrolling an image screen display including other elements of said row.

8. (Original) A method according to claim 7, wherein

said stationary row element is the first data element of said row.

9. (Previously Presented) A method according to claim 1, including the activity of,

maintaining a column element stationary upon vertically scrolling an image screen display including other elements of said column.

10. (Previously Presented) A user interface method for use by a portable processing device for accessing and navigating patient record information, comprising the activities of:

receiving user identification information for use in authorizing user operation of said portable processing device;

acquiring patient record information comprising an existing particular patient record from an information repository;

dynamically generating a patient record content index by deriving content information from ancillary data associated with said acquired patient record information in response to a user command from said portable processing device to access said particular patient record; and

initiating display of data representing said patient record content index including a plurality of links to a corresponding plurality of items of patient medical record information.

11. (Previously Presented) A method according to claim 10, wherein

said user command from said portable processing device to access said particular patient record comprises user selection of a link to a particular patient.

12. (Previously Presented) A method according to claim 10, including the activities of

acquiring data representing an item of said patient medical record information in response to user selection of a link of said plurality of links and wherein

said item of said patient medical record information is available for access on said portable processing device when said portable processing device is offline and

initiating display of an image including information comprising an item of patient medical information in response to user selection of a link to one of said plurality of items of patient medical record information.

13. (Previously Presented) A user interface method for use by a portable processing device for accessing and navigating patient record information, comprising the activities of:

receiving user identification information for use in authorizing user operation of said portable processing device;

initiating display of a patient record content index image using data derived, by dynamically processing information comprising an existing patient record, in response to a user command from said portable processing device to access said particular patient record, said content index image including a plurality of links to a corresponding plurality of items of patient record information;

initiating display of an image including a recorded patient medical parameter value and an associated medical parameter label comprising an item of patient record information in response to user selection of a link to one of said plurality of items of patient record information in said content index image; and

initiating display of at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter in response to user selection of said medical parameter label.

14. (Original) A method according to claim 13, wherein

said reference range comprises a normal value range for said medical parameter.

15. (Previously Presented) A method according to claim 13, wherein

said medical parameter label is a URL link stored in said portable processing device, and

said at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter, is acquired and displayed using said medical parameter label URL.

16. (Previously Presented) A method according to claim 13, including the activity of

initiating display of an image including a plurality of links to a corresponding plurality of individual patients; and wherein

said step of initiating display of a patient record content index image is performed in response to user selection of a link to one of said plurality of individual patients.

17. (Previously Presented) A method according to claim 13, wherein,

said processing of said information comprising said existing patient record includes the activity of

initiating generation of said patient record content index image by deriving content information from ancillary data associated with acquired patient record information.

18. (Previously Presented) A system for providing a user interface for use by a portable processing device for accessing and navigating patient record information, comprising:

a communication network for receiving user identification information for use in authorizing user operation of said portable processing device; and

a processor for,

initiating display of an image including a plurality of links to a corresponding plurality of individual patients;

initiating display of a patient record content index image using data derived, by dynamically processing information comprising an existing patient record, in response to a user command from said portable processing device to access said particular patient record, said content index image including a plurality of links to a corresponding plurality of items of patient record information in response to user selection of a link to one of said plurality of individual patients; and

initiating display of an image including information comprising a portion of a patient record in response to user selection of a link to one of said plurality of items of patient record information.

19. (Previously Presented) A processing system supporting remote operation of a plurality of portable processing devices used for accessing and navigating patient record information, comprising the activities of:

validating user identification information received from a portable processing device and communicating operation authorization to said portable processing device;

deriving content index information from information in an existing patient record by parsing patient record information ancillary data to identify distinct patient record information sections in response to a user command from a portable processing device to access said particular patient record; and

communicating to said portable processing device patient record information including said patient record content index data in response to a request for said patient record information from said portable processing device.

20. (Previously Presented) A system according to claim 19, wherein

said communicated patient record information includes a medical parameter and including the activity of,

communicating to said portable processing device at least one of, (a) a reference range for said medical parameter and (b) a unit of measure for said medical parameter in response to receiving a message addressed to a URL associated with a medical parameter label.

21. (Original) A method according to claim 19, wherein

said ancillary data comprises at least one of, (a) header data of said acquired patient record information, (b) descriptive data in a data field of said acquired patient record information, (c) identification data in a data field of said acquired patient record information, and (d) text data derived by parsing content of said acquired patient record information.

22. (Previously Presented) A method according to claim 1, including the activity of,

acquiring data representing said portion of said patient record in response to user selection of said link and wherein

said portion of said patient record is available for access on said portable processing device when said portable processing device is offline.

23. (Previously Presented) A method according to claim 1, wherein said activity of,

processing information comprising an existing particular patient record is performed in response to download of particular patient record information to said portable processing device and storage of said particular patient record information in said portable processing device.

24. (Previously Presented) A method according to claim 1, including the activities of,

acquiring data representing said plurality of links to said corresponding plurality of items of patient record information and

storing said data representing said plurality of links in said portable processing device.